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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/038 918
Filing Date	10/27/2001
First Named Inventor	HEUBEL
Art Unit	21644
Examiner Name	LEU
Attorney Docket Number	BS 030300

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

38516

OR

☒ Firm or
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

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Date

07/14/2008

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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&
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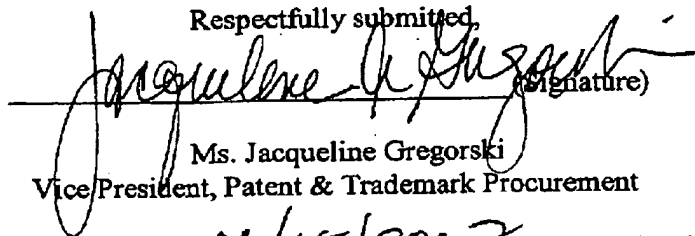
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06/05/2007 (Date)